



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kathleen K. Martin
Title: PROPHYLACTIC DEVICE
Appl. No.: Unknown
Filing Date: 12/02/2003
Examiner: Unknown
Art Unit: Unknown



UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Kathleen K. Martin
1850 North Road
Laytonville, CA 95454

☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (19 pages).
- ☒ Informal drawings (7 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10).
- ☒ Declaration and Power of Attorney (3 pages).
- ☐ Assignment of the invention.

- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO/SB/08 with copies of ___ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☐ Claim for Convention Priority.

The filing fee is calculated below:

| | Claims as Filed | Included in Basic Fee | Extra Claims | Rate | Fee Totals |
|---|--------------------|-----------------------------|-----------------|--|---------------|
| Basic Fee | | | | \$770.00 = | \$770.00 |
| Total | 72 | - 20 | = 52 | x \$18.00 = | \$936.00 |
| Claims: | | | | | |
| Independents | 6 | - 3 | = 3 | x \$86.00 = | \$258.00 |
| : | | | | | |
| If any Multiple Dependent Claim(s) present: | | | + | \$290.00 = | \$0.00 |
| Surcharge under 37 CFR 1.16(e) for late payment of filing fee | | | + | \$130.00 = | \$130.00 |
| | | | | SUBTOTAL: = | \$2094.00 |
| <input type="checkbox"/> | | | | Small Entity Fees Apply (subtract ½ of above): = | \$0.00 |
| | | | | TOTAL FILING FEE: = | \$2094.00 |

- ☐ A check in the amount of \$0.00 to cover the filing fee is enclosed.
- ☒ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☐ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be

enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 2, 2003

By Mary Michelle Kile

FOLEY & LARDNER

Customer Number: 22428

Telephone: (202) 672-5428

Facsimile: (202) 672-5399

Mary Michelle Kile

Attorney for Applicant

Registration No. 35,217